PART B - FEE(S) TRANSMITTAL						
;	his form, together wo		or <u>Fax</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450	
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBLIC ders and notification) specifying a new c	CATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks I through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed what correspondence address parate "FEE ADDRESS"
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 21005 7590 01/12/2005				Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.		
HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.		
03/22/2005 RMEBRAH1 00000149 09588619				Ellen T. Spear (Depositor's na		
01 FC:1501 1400.00 OP				Ellen T. Spear (Signat		
02 FC:8001 45.00 OP				03/17/	105	(D
APPLICATION NO.	FILING DATE	_ .	FIRST NAMED INVEN	ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/588,619	06/06/2000	06/2000 William J. Dall			2390.1013001	1071
TITLE OF INVENTION: APPARATUS AND METHOD FOR PACKET SCHEDULING						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PU	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$0	\$1400	04/12/2005
EXAMINER		ART UNIT		LASS-SUBCLASS]	
NGUYEN, TOAN D		2665		370-395400	•	
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica	e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Hamilton, Brook, Smith & Reynolds, P. (2 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Avici Systems North Billerica, Massachusetts						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Charge any deficiency ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 08-0380 (enclose an extra copy of this form).						
	(from status indicated above MALL ENTITY status. See				LL ENTITY status. See 37 (
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu sublication Fee (if required) vards of the United States Pate	ue Fee and Publicate will not be accepted and Trademark	tion Fee (if any) or to I from anyone other t Office.	re-apply any previousl han the applicant; a reg	y paid issue fee to the applic istered attorney or agent; or t	ation identified above. the assignee or other part
Authorized Signature	100	2		Date	/b/J	
Typed or printed name James M. Smith				Registration	No. 28,043	
Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	inia 22313-1450. DO NOT 1450.	SEND FEES OR C	COMPLETED FORM	IS TO THIS ADDRESS	the public which is to file (ar minutes to complete, includi omments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	for Patents, P.O. Box 14